General

Title

Hepatitis C: percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C with whom a physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient.

Source(s)

American Gastroenterological Association (AGA). Hepatitis C measures group overview. Bethesda (MD): American Gastroenterological Association (AGA); 2016 Jan. 17 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C with whom a physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient.

To meet the measure, there must be documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment.

Rationale

Shared decision making has the potential to provide numerous benefits for patients, clinicians, and the

health care system, including increased patient knowledge, less anxiety over the care process, improved health outcomes, reductions in unwarranted variation in care and costs, and greater alignment of care with patients' values (Oshima Lee & Emanuel, 2013). In hepatitis C, the decision about whether to initiate treatment is sensitive to patient preferences about achieving cure and limiting symptoms versus tolerating side effects of medications (Cotler et al., 2001). It is also intuitive that patients are more likely to be adherent to treatment if they are engaged in the decision to start. Numerous studies have documented problems with patient-physician communication in this population (Zickmund et al., 2004), and patient misperceptions and lack of education have been implicated as barriers to treatment (Zickmund, Brown, & Bielefeldt, 2007; Richmond, Dunning, & Desmond, 2007; McNally et al., 2006). For these reasons, it is likely that shared decision making would improve decision quality, result in more effective antiviral therapy, and better patient health outcomes.

Clinical Recommendation Statements:

The decision to defer treatment for a specific patient should consider the patient's preferences and priorities, the natural history and risk of progression, the presence of co-morbidities, and the patient's age (European Association for the Study of the Liver, 2014).

Treatment decisions should be individualized based on the severity of liver disease, the potential for serious side effects, the likelihood of treatment response, the presence of comorbid conditions, and the patient's readiness for treatment (Ghany et al., 2009).

The Institute of Medicine (2001) endorses shared decision making and the strongly recommends use of decision aids as a way to foster patient-centered care.

Evidence for Rationale

American Gastroenterological Association (AGA). Hepatitis C measures group overview. Bethesda (MD): American Gastroenterological Association (AGA); 2016 Jan. 17 p.

Cotler SJ, Ganger DR, Kaur S, Rosenblate H, Jakate S, Sullivan DG, Ng KW, Gretch DR, Jensen DM. Daily interferon therapy for hepatitis C virus infection in liver transplant recipients. Transplantation. 2001 Jan 27;71(2):261-6. PubMed

European Association for the Study of Liver (EASL). EASL recommendations on treatment of hepatitis C. Geneva (Switzerland): European Association for the Study of Liver (EASL); 2014 Apr. 20 p. [98 references]

Ghany MG, Strader DB, Thomas DL, Seeff LB, American Association for the Study of Liver Diseases. Diagnosis, management, and treatment of hepatitis C: an update. Hepatology. 2009 Apr;49(4):1335-74. PubMed

Institute of Medicine (IOM), Committee on Quality of Health Care in America. Crossing the quality chasm: a new health system for the 21st century. Washington (DC): National Academy Press; 2001. 360 p.

McNally S, Temple-Smith M, Sievert W, Pitts MK. Now, later or never? Challenges associated with hepatitis C treatment. Aust N Z J Public Health. 2006 Oct;30(5):422-7. PubMed

Oshima Lee E, Emanuel EJ. Shared decision making to improve care and reduce costs. N Engl J Med. 2013 Jan 3;368(1):6-8. PubMed

Richmond JA, Dunning TL, Desmond PV. Health professionals' attitudes toward caring for people with hepatitis C. J Viral Hepat. 2007 Sep;14(9):624-32. PubMed

Zickmund S, Hillis SL, Barnett MJ, Ippolito L, LaBrecque DR. Hepatitis C virus-infected patients report communication problems with physicians. Hepatology. 2004 Apr;39(4):999-1007. PubMed

Zickmund SL, Brown KE, Bielefeldt K. A systematic review of provider knowledge of hepatitis C: is it enough for a complex disease?. Dig Dis Sci. 2007 Oct;52(10):2550-6. PubMed

Primary Health Components

Chronic hepatitis C virus (HCV); treatment options; shared decision making

Denominator Description

Patients aged 18 years and older with a specific diagnosis of chronic hepatitis C (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients with whom a physician or other clinician reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Person- and Family-centered Care
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

The reporting period (January 1 through December 31)

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
Patients aged 18 years and older with a specific diagnosis of chronic hepatitis C

Denominator Criteria (Eligible Cases):

Patients aged greater than or equal to 18 years on date of encounter

AND

One of the following diagnosis codes indicating chronic hepatitis C (International Classification of Diseases, Tenth Revision, Clinical Modification [ICD-10-CM] codes): B18.2

AND

One of the specific Current Procedural Terminology (CPT) patient encounter codes (refer to the original measure documentation for specific CPT codes)

Exclusions
None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patients with whom a physician or other clinician reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient

Note: To meet the measure, there must be documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment.

Exclusions

Documentation of medical or patient reason(s) for not discussing treatment options.

> *Medical Reasons*: patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiviral treatment; successful antiviral treatment (with sustained virologic response) prior to reporting period; other documented medical reasons
> *Patient Reasons*: patient unable or unwilling to participate in the discussion or other patient reasons

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Registry data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #390: discussion and shared decision making surrounding treatment options.

Measure Collection Name

Hepatitis C

Submitter

American Gastroenterological Association - Medical Specialty Society

Developer

American Gastroenterological Association - Medical Specialty Society

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Unspecified

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Jan

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

2017

Measure Status

This is the current release of the measure.

Measure Availability

Source not available electronically.

For more information, contact the American Gastroenterological Association (AGA) at 4930 Del Ray Avenue, Bethesda, MD 20814; Phone: 301-654-2055; Fax: 301-654-5920; E-mail: measures@gastro.org; Web site: www.gastro.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on March 14, 2016. The information was verified by the measure developer on March 29, 2016.

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Production

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